



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IRJ

Applicants : William Kopaciewicz et al.  
Serial No. : 10/689,121  
Filed : October 20, 2003  
For : MULTI-SIDED IMMERSION FORMATION OF COMPOSITE  
STRUCTURES AND METHOD  
Examiner : Handy, Dwayne K.  
Art Unit : 1743  
Confirmation No: 2908  
Attorney  
Docket No. : MCA-617

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Sir:

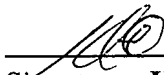
INFORMATION DISCLOSURE STATEMENT

The Examiner is respectfully requested to consider the document(s), which is/are listed on the attached form PTO 1449.


The Examiner's attention is drawn to corresponding U.S. Patent Application Serial No. 11/008,062 filed December 9, 2004 and the references cited therein.

Enclosed is a check in the amount of \$180.00 in payment of the fee pursuant to 37 C.F.R. §1.17(p).

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on **April 26, 2007**

  
Signature: **Kevin S. Lemack**  
Date: **April 26, 2007**

Respectfully submitted,

  
Kevin S. Lemack  
Attorney for Applicants  
Registration No. 32,579  
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<b>FORM PTO-1449</b>	<b>ATTY. DOCKET NO.</b> MCA-617	<b>SERIAL NO.</b> 10/689,121
	<b>LIST OF PATENTS AND PUBLICATIONS FOR APPLICANT'S INFORMATION DISCLOSURE STATEMENT</b>	
William Kopaciewicz et al.		
<b>FILING DATE</b> October 20, 2003		<b>GROUP</b> 1743

#### REFERENCE DESIGNATION

#### U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	AA	6,451,260	9/2002	Dusterhoft et al.	422	68.1	
	AB	6,875,354	4/2005	Kopaciewicz	210	321.75	
	AC						
	AD						

#### FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	BA							
	BB							
	BC							

#### OTHER ART (Including Author, Title, Date, Pertinent Pages, etc.)

	CA		
	CB		
	CC		
<b>EXAMINER</b>		<b>DATE CONSIDERED</b>	
<b>EXAMINER:</b> Initial reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance <i>and</i> not considered. Include copy of this form with next communication to applicant.			



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/689,121
Filing Date	October 20, 2003
First Named Inventor	William Kopaciewicz
Art Unit	1743
Examiner Name	Handy, Dwayne K.
Attorney Docket Number	MCA-617

Total Number of Pages in This Submission

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	-Form PTO-1449
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

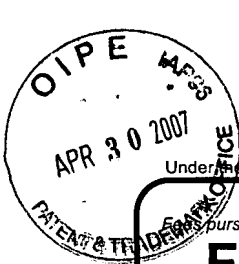
Firm Name	Niels & Lemack		
Signature			
Printed name	Kevin S. Lemack		
Date	April 26, 2007	Reg. No.	32,579

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Kevin S. Lemack	Date	April 26, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

### Complete if Known

Application Number	10/689,121
Filing Date	October 20, 2003
First Named Inventor	William Kopaciewicz
Examiner Name	Handy, Dwayne K.
Art Unit	1743
Attorney Docket No.	MCA-617

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 14-0930 Deposit Account Name: Nields & Lemack

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	<u>Small Entity</u> Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): IDS Filing Fee

\$180.00

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 32,579	Telephone 508-898-1818
Name (Print/Type)	Kevin S. Lemack	Date April 26, 2007	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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